

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Chemical Dependency Centers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-24 MAA

Issued: June 1, 2002

For information call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-26 MAA

Subject: Vendor Rate Increase for Chemical Dependency Services

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

The funding in the 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs.

Attached are replacement pages 11-12 for MAA's Chemical Dependency Billing Instructions, dated July 2001. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Alcohol and Drug Treatment Outpatient Service Fee Schedule

For Services Provided on and after July 1, 2002

Procedure Codes							
Non-TANF Adults	TANF Adults	Youth	SSI Clients*	JRA Youth CDDA Locally Sanctioned	JRA Youth CDDA Committable		
						Service	Fee-for-Service Maximum Rates
2175M	2175M					DCFS Initial Screen	\$18.33
2170M	2177M					DCFS Expanded Chemical Dependency Assessment	\$177.69
0140M	2140M	0160M	2130M*	2181M	2188M	Chemical Dependency Assessment	\$91.22
0150M	0150M					Pregnant & Postpartum Women Assessment	\$91.22
0141M	2141M	0161M	2131M*	2182M	2189M	Intake Processing	\$13.38
0142M	2142M	0162M	2132M*			Physical Examination	\$71.43
0143M	2143M	0163M	2133M*	2183M	2193M	Individual Therapy - Full Visit	\$56.85
0144M	2144M	0164M	2134M*	2184M	2194M	Individual Therapy - Brief Visit	\$30.35
0149M	2149M	0169M	2135M*	2185M	2195M	Group Therapy	\$4.47 per 15 minutes
		0028M*		2186M*	2196M*	Youth Case Management*	\$194.35
0190M	2190M	0192M	2139M*			Opiate Substitution Treatment	\$10.36
86580	86580	86580	86580	86580	86580	Tuberculosis Testing	\$5.92

***The billing of these services and the use of these procedure codes are restricted
to those providers who are currently contracted with the counties to provide these services.**

(Revised July 1, 2002)

Memo 02-24 MAA

Billing

What is the time limit for billing? [Refer to WAC 388-502-0150]

- Providers must submit initial claims and adjust prior claims in a timely manner. MAA has two timelines standards: 1) for initial claims; and 2) for resubmitted claims.
- The provider must submit claims as described in the appropriate MAA billing instruction.
- Providers must submit their claim to MAA and have an Internal Control Number (ICN) assigned by MAA within 365 days from any of the following:
 - ✓ The date the provider furnishes the service to the eligible client;
 - ✓ The date a final fair hearing decision is entered that impacts the particular claim;
 - ✓ The date a court orders MAA to cover the services; or
 - ✓ The date DSHS certifies a client eligible under delayed¹ certification criteria.
- MAA may grant exceptions to the 365 day time limit for **initial claims** when billing delays are caused by either of the following:
 - ✓ DSHS certification of a client for a retroactive² period; or
 - ✓ The provider proves to MAA's satisfaction that there are other extenuating circumstances.

1 **Delayed Certification** - According to WAC 388-500-0005, delayed certification means department approval of a person's eligibility for a covered service made after the established application processing time limits. If, due to delayed certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill**, demand, collect, or accept payment from the client or anyone on the client's behalf for the service; and **must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill MAA for the service.

Eligibility Established After Date of Service but Within the Same Month - If the client becomes eligible for a covered service that has already been provided because the client applied to the department for medical services later in the same month the service was provided (and is made eligible from the first day of the month), **the provider must not bill**, demand, collect, or accept payment from the client or anyone acting on the client's behalf for the service; and **must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill MAA for the service.

2 **Retroactive Certification** - According to WAC 388-500-0005, retroactive period means the three calendar months before the month of application (month in which client applied). If, due to retroactive certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill**, demand, collect, or accept payment from the client or anyone acting on the client's behalf for any unpaid charges for the service; **and may refund** any payment already received from the client or anyone acting on the client's behalf, and after refunding the payment, the provider may bill MAA for the service.



State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 9245, Olympia, WA 98507-9245

Change Service Requested

PRSRTSTD
US POSTAGE PAID
WASHINGTON STATE
DEPARTMENT OF PRINTING